

**Virginia Primary Small Employer
Coverage Report**

Insurance Company Name:

NAIC Number: Date:

Contact Person:

Title:

Telephone Number:

ESSENTIAL HEALTH BENEFIT PLANS

Number of Primary Small Employer Groups Covered:

Number of Covered Employees:

	Male	Female
Age 0 – 18	<input type="text"/>	<input type="text"/>
18 – 29	<input type="text"/>	<input type="text"/>
30 – 39	<input type="text"/>	<input type="text"/>
40 – 49	<input type="text"/>	<input type="text"/>
50 – 64	<input type="text"/>	<input type="text"/>
65 & Over	<input type="text"/>	<input type="text"/>

Total Number of Persons Covered:

STANDARD HEALTH BENEFIT PLANS

Number of Primary Small Employer Groups Covered:

Number of Covered Employees:

	Male	Female
Age 0 – 18	<input type="text"/>	<input type="text"/>
18 – 29	<input type="text"/>	<input type="text"/>
30 – 39	<input type="text"/>	<input type="text"/>
40 – 49	<input type="text"/>	<input type="text"/>
50 – 64	<input type="text"/>	<input type="text"/>
65 & Over	<input type="text"/>	<input type="text"/>

Total Number of Persons Covered: